COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A-1019)

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

Name 21/		Member of:
DAUID DELTER		House Senate
Mailing address PO Box 178		District
200-00-00-00-00-00-00-00-00-00-00-00-00-		106
City, zip code So. Free fort	ME NOZE	Phone
38. Majora	ME 04078	207-865-4311
PART 1. INCOME	DERIVED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employed principal type of economic activity of each em	er from whom you received compensation ployer.	of \$1,000 or more. Specify th
Name of Employer	Address	Principal Type of Economic Activity of Employer
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METUROPIRE Aushoniz		toll taken
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	DME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.) ness, if any, and list the major areas of ec ship, firm, professional association, or simila	conomic activity from which yo
(For A. List the name and address of your busiderived income. If associated with a partner	Legislators who are self-employed.) ness, if any, and list the major areas of ecship, firm, professional association, or similar Major Areas of Economic Activity (self)	conomic activity from which your business entity, list the major Major Areas of Economic Activity
A. List the name and address of your busing derived income. If associated with a partner areas of economic activity of that entity. Name and Address of Business Entity	Legislators who are self-employed.) ness, if any, and list the major areas of ecship, firm, professional association, or similar Major Areas of Economic Activity (self)	conomic activity from which your business entity, list the major Major Areas of Economic Activity (partnership, association or similar business entity)
(For A. List the name and address of your busined derived income. If associated with a partner areas of economic activity of that entity. Name and Address of Business Entity lame: David Webster	Legislators who are self-employed.) ness, if any, and list the major areas of ecship, firm, professional association, or similar Major Areas of Economic Activity (self) Number Came	conomic activity from which your business entity, list the major Major Areas of Economic Activity (partnership, association or similar
(For A. List the name and address of your busing derived income. If associated with a partner areas of economic activity of that entity. Name and Address of Business Entity	Legislators who are self-employed.) ness, if any, and list the major areas of ecship, firm, professional association, or similar Major Areas of Economic Activity (self) Number Came	Major Areas of Economic Activity (partnership, association or similar business entity) Two ependent

PART 2 (continued). INCOME DERIVED FROM SELF-EMF (For Legislators who are self-employed.)	LOYMENT	
B. List each source of income derived from self-employment that represents more than 10% of is greater, and specify the principal type of economic activity of the entity or person from whom disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the entity or person from whom the income was derived.	you derived the principal	such income. If this form of type of economic activity of
Name and Address of Source	Activi ∴is t	ncipal Type of Economic ity of Entity or Person Who he Source of the Income
Name: Helen Shephen	whe	proude premany
Name: Helen Shepherl Address: PO Box 192 So Freeport	CAN	proude premary
Name:	pte	pute come by a
Address:		
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)		
List your major areas of practice. If associated with a law firm, list the major areas of practice of	your firm.	9
Name and Address of Firm Major Areas of		Major Areas of Practice (firm)
Name:	.	
Address:		
Name:	-	
Address:		,
PART 4. OTHER SOURCES OF INCOME		
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not in	clude gifts. I	f none, check the box.
B None		
Name and Address of Source	(in	Kind of Income vestments, leases, etc.)
Name:		
Address:		
Name:		
Address:		
PART 5. REPORTABLE LIABILITIES	8 7 6 7 8 7 8 7 8 7	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during areas of economic activity of each creditor. Do not list loans from a relative. If none, check the l		g period, and list the major
None		
Name and Address of Greditor	the second second	ncipal Type of Economic Activity of Creditor
Name:	[]	
Address:		e de la companya de mandre de la companya del la companya de la co
Name:		
Address:		
PART 6, REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of none, check the box	more than \$3	300 from a single source. If
None		A W. M. T. 1987 T. T. M. 1887 T. M. L. Willer C. Britan St. Commission C. Wester W.
Name of Source of Gift Name 1. 3.	e of Source o	of Gift
2. 4.	er av e e e e e e e e e e e e e e e e e e e	5

PART 7. REPORTAL	SI E HONC	ŘΔRΙΔ	Δ		
List the source of any honoraria accepted for appearances or speeche			1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the box.	
None	no constituidad de la constituida del constituida de la constituida de la constituida del constituida de la constituida	······································	enterent de la communicación enteres enteres enteres enteres de la constitución de la con	PREZIMENTAL SANCTON AND AND AND AND AND AND AND AND AND AN	
Name of Source of Honoraria	ি কুলুক্ত হয়	Ň	lame of Source of Honoraria	- San	
1.	3.			The second national national paper (Sec.) Second Law 1999	
2.	4.	O. Tuell of Management and Communication	од на на при на при на	indronovi (Martino no come e e e e e e e e e e e e e e e e e e	
PART 8. REPRESENTATION B	EFORE S	TATE	AGENCIES		
List each executive branch agency before which you represented or			to the second se	nt. If none, check	
the box. None			errorrer (n. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
Name of Agency		3 34 3 3 ·	Name of Agency		
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	V		72.45.111 Landon La		
2. 4	ł				
PART 9. BUSINESS WIT	H STATE	AGEN	CIES		
List each executive branch agency to which you or a member of your i \$1,000 during the reporting period. If none, check the box.	immediate f	amily so	old goods or services with a	value in excess of	
None :	Y	Y 1 C C C C C C C C C C C C C C C C C C		\$	
Name of Agency			Name of Agency		
1.	} <u>.</u>		ş ':		
2. 4	A second	<u> </u>		anning and an anning an an The second and an anning an anning an anning an anning an anning an anning an an anning an an anning an anning	
PART 10 INCOME RECEIVED BY ME	MBERS (Ė IRANA	EDIATE EAMILY		
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.					
Type of Economic Activity Representing Source of Income Received	C d appr	rcle opriate tter	Kind of Inco	ome	
1. Registran of Bores Dance Festivel	<u>(S</u>) D	Splory	iki tambahan daman mengatar tadi datah di di Sambahan sagi	
2. Indepeder Contantor DANCE EDUCATION	<u>(S</u>)	D	Contracts for Survey of	headows,	
3.	S	D	schools, al	LL.	
4.	s	D		·	
SIGNATI	JRE	\$27 &2.0			
A Legislator who willfully fails to file a required statement is subject (1 M.R.S.A. § 1017-A)	ect to a fine	of \$1	0 per business day until t	he report is filed.	

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

_ Accept

Signature

January 1, 2008

NAME:	DATE:	
ADDRESS:		THE PERSON NAMED IN COLUMN 1982 IN C
_	ADDITIONAL INFORMATION	
Please provide information you	any additional information below (and on additional sheets if needed). Indicate the part or section number fare providing.	or the
Part/Section Number		
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